

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

IN THE INTEREST OF

**Request and Authorization
to Open Court Records for
Inspection**

Name

Date of Birth

Case No. _____

To the custodian of child/juvenile court records:

1. I am the

- ☐ child/juvenile and am 14 years of age or older.
- ☐ parent of the child/juvenile.
- ☐ guardian of the child/juvenile.
- ☐ legal custodian of the child/juvenile.
- ☐ expectant mother, 14 years of age or older, whose unborn child is the subject of a chapter 48 proceeding.
- ☐ guardian ad litem for the unborn child.

☐ 2.A. I request to inspect and obtain copies of the court records relating to the child/juvenile.

☐ B. I authorize [Name] _____ to inspect the following court records
pertaining to the child/juvenile:
Specify record(s): _____

DISTRIBUTION:

- 1. Original - Court
- 2. Child/Juvenile/Attorney/Guardian ad Litem
- 3. Parent/Guardian/Legal Custodian/Attorney
- 4. District Attorney/Corporation Counsel
- 5. Social Worker

Signature of Child/Juvenile/Parent/Guardian/Legal Custodian

Name Printed

Date